



Health Agreement

First name



Last name

Email

Today's date

1. Your Health

Have you experienced any of the following symptoms within the last 14 days

- ☐ Cough
- ☐ Shortness of breath
- ☐ Fever of 38d C or higher
- ☐ None of the above

2. Travel and Contact

A) Have you travelled internationally within the last 14 days

- ☐ Yes
- ☐ No

B) Have you come into contact with any suspected, probable or confirmed COVID-19 infected persons within the last 14 days

- ☐ Yes
- ☐ No

3. Your Appointment

Please read each of the following statements carefully and tick to indicate that you agree

I agree to follow strict hygiene practices while at my appointment including washing or sanitising my hands on arrival, and will comply with staff instructions during my service

- ☐ Yes
- ☐ No

I will not bring anyone unrelated to my service with me to help limit the number of people on the premises

- ☐ Yes
- ☐ No

I agree to maintain a physical distance as much as possible ad understand some elements of my visit may be slightly different to accommodate social distancing guidelines

- ☐ Yes
- ☐ No

I understand that in the current, fast moving climate, my appointment may need to be rescheduled with short notice. If this happens a new time will be found in line with any government guidance

- ☐ Yes
- ☐ No

I agree to let you know if any of the details I have given change, particularly with regards to developing any symptoms of, or exposure to COVID-19.

- ☐ Yes
- ☐ No

Your co-operation helps to keep our whole community safe. Please sign to indicate that you have filled in this form to the best of your understanding.

[Clear](#)

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